

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title :: REGULATION OF AMYLOID PRECURSOR
PROTEIN EXPRESSION BY MODIFICATION
OF ABC TRANSPORTER EXPRESSION OR
ACTIVITY

Attorney Docket Number:: 100103.402

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Peter
Middle Name::	B
Family Name::	Reiner
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	305 – 1750 West Second Avenue
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6J 1H6

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Bruce
Middle Name::	P
Family Name::	Connop
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	316 – 2678 West Broadway

City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6K 2G3

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Michelle
Middle Name::
Family Name:: Pollard
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 301 – 225 West 10th Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V5Y 1R9

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/267,975	02/09/01
This Application	Non-Provisional of	60/309,256	07/31/01

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Active Pass Pharmaceuticals, Inc.
Street of mailing address::	520 West Sixth Avenue Suite 400
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 4H5

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